

USER IDENTIFICATION REQUEST FORM
COUNTY REPORTING INFORMATION SYSTEM
 SUBSTANCE ABUSE AND CRIME PREVENTION ACT OF 2000
 DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS (ADP)
CONFIDENTIAL

Action
1. Select one: <input type="checkbox"/> Add User <input type="checkbox"/> ? Delete User

User Identification	
2. User County:	
3. User County Agency:	
(Last)	(First)
4. User Name:	
5. SSN (Last 4 Digits Only):	6. E-mail Address:
7. Phone #:	8. Fax #:
9. Mailing Address:	
10. User Signature _____ User authorization to create, edit, and update records.	11. Date _____

Authorized Certifying Official	
12. Name:	13. Signature:
14. Title:	15. Date:
16. County:	17. Phone #:

DO NOT WRITE BELOW THIS LINE

18. ADP Office of Criminal Justice Collaboration Approvals	
Name:	Date: ____/____/____
Signature:	

19. ADP Information Management Services Division Use Only		
User ID:	Completed By:	Date: ____/____/____

Form ADP 10098 (New 4/01)

Submit to the ADP Office of Criminal Justice Collaboration as directed on the reverse of this form.